

Appendix 1-01 to LBR 1009.1

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF KANSAS

In Re: \_\_\_\_\_ )  
\_\_\_\_\_ ) Case No.  
Debtor(s) \_\_\_\_\_ )

**NOTICE OF AMENDMENT OF SCHEDULES D, E, F, G OR H**  
**(ADDITION OF CREDITOR(S))**

You are hereby notified that the debtor(s) has filed the attached amended schedule(s) of debt to include the creditor listed below. Debtor's counsel shall also separately provide you a copy of the debtor(s)' full Social Security Number.

1. Creditor (name and address): \_\_\_\_\_
2. Claim (amount owed, nature of claim, date incurred): \_\_\_\_\_
3. This claim has been scheduled as (Check one box):  
[ ] secured; [ ] priority; [ ] general unsecured.
4. Trustee, if one has been appointed: \_\_\_\_\_
5. Original deadline for filing proofs of claim: \_\_\_\_\_
6. Deadline for filing complaints objecting to discharge of specific debts or of debtor under 11 U.S.C. § 523, 727 [Date]: \_\_\_\_\_  
or  
\_\_\_\_\_ This claim was added to the schedules after the deadline for filing complaints stated above.

**Check applicable provision(s) below:**

- \_\_\_\_\_ This is a no-asset case. It is unnecessary to file a claim now. If it is determined there are assets to distribute, creditors will receive a notice setting a deadline to file claims.
- \_\_\_\_\_ This claim was added to the schedules after the deadline for filing claims stated above.
- \_\_\_\_\_ This is a Chapter 13 case. You have until the bar date to file your proof of claim.
- \_\_\_\_\_ A plan in this case was confirmed on [Date] \_\_\_\_\_.
- \_\_\_\_\_ No plan has been confirmed in this case, but a confirmation hearing is currently set for [Date] \_\_\_\_\_ at [Location] \_\_\_\_\_. Since the amendment was filed too late to give notice, you may file an objection to either confirmation of the plan or the amendment to the schedules by [Date] \_\_\_\_\_. If an objection is timely filed, a non-evidentiary preliminary hearing will be scheduled and notice provided by the Clerk upon expiration of the deadline date.

\_\_\_\_\_  
**Attorney for Debtor(s) (type name and address)**

Certificate of Service: I, \_\_\_\_\_, certify the above notice and a separate notice of the full Social Security Number of the debtor(s) was served on the above-named creditor by first class, postage prepaid mail, on \_\_\_\_\_.

\_\_\_\_\_  
(Signature above)

\* \* \*

As amended 10/17/05.